	HCFA-PM-91 AUGUST 1991		PD)	OMB No.: 0	1938-
s	State/Terri	tory: _	TENNESSEE	·	
Citation		Recipie	nt Cost Sharing	and Similar Charge	<u>:s</u>
42 CFR 447.51 through 447.58		dedu	ctibles, coinsur ed the maximum a	r 42 CFR 431.55(g) ance rates, and co llowable charges u	payments do not
1916(a) and of the Act	l (b) (b	and cate bene	(6) below, with gorically needy	in items 4.18(b)(4 respect to individual or as qualified Me fined in section 1 lan:	uals covered as dicare
			o enrollment fee mposed under the	, premium, or simi plan.	lar charge is
		C		insurance, copayme under the plan fo	
		(i)	Services to in under	dividuals under ag	e 18, or
	-		<u> </u>		
			/ Age 20		
			/ Age 21		
			age 18 or olde	egories of individ r, but under age 2 are listed below,	l, to whom
		(ii)	pregnancy or a	egnant women relat ny other medical c the pregnancy.	
TN No. 92 Supersedes	Appro	val Date	2/21/92	Effective Date _	1/1/92
TN No87	7-14			HCFA ID: 7982	E

Revision: HCFA-PM-91- 4 (BPD) OMB No.: 0938- AUGUST 1991 State/Territory: TENNESSEE Citation 4.18(b)(2) (Continued) 42 CFR 447.51 (iii) All services furnished to pregnant women. 447.58 // Not applicable. Charges apply for services to pregnant women unrelated the pregnancy. (iv) Services furnished to any individual who is inpatient in a hospital, long-term care facility, or other medical institution, if individual is required, as a condition of receiving services in the institution, to so for medical care costs all but a minimal and of his or her income required for personal needs. (v) Emergency services if the services meet the	
Citation 4.18(b)(2) (Continued) 42 CFR 447.51 (iii) All services furnished to pregnant women. 447.58 /// Not applicable. Charges apply for services to pregnant women unrelated the pregnancy. (iv) Services furnished to any individual who is inpatient in a hospital, long-term care facility, or other medical institution, if individual is required, as a condition of receiving services in the institution, to for medical care costs all but a minimal and of his or her income required for personal needs.	
42 CFR 447.51 through 447.58 (iii) All services furnished to pregnant women. // Not applicable. Charges apply for services to pregnant women unrelated the pregnancy. (iv) Services furnished to any individual who is inpatient in a hospital, long-term care facility, or other medical institution, if individual is required, as a condition of receiving services in the institution, to for medical care costs all but a minimal as of his or her income required for personal needs.	
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(v) Emergency services if the services meet the	f the spen amoun
requirements in 42 CFR 447.53(b)(4).	he
(vi) Family planning services and supplies furn to individuals of childbearing age.	nishe
(vii) Services furnished by a health maintenance organization in which the individual is enrolled.	2
1916 of the Act, (viii) Services furnished to an individual receiving hospice care, as defined in section 9505) section 1905(o) of the Act.	

TN No. 92-4 Supersedes	Approval Date	2/21/92	Effective Date	1/1/92
TN No. 86-22	mpprovur bute		Lilective Date	

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State/Territory:	TEN	NNESSEE
Citation	4.18(b) (Co	ntinued	· ·
42 CFR 447 through 447.48	(0)	applie copaym servic	s a waiver under 42 CFR 431.55(g) es, nominal deductible, coinsurance, ment, or similar charges are imposed for ces that are not excluded from such charges item (b)(2) above.
		<u> </u>	Not applicable. No such charges are imposed.
	(i		any service, no more than one type of arge is imposed.
	(ii		arges apply to services furnished to the lowing age groups:
	_		
			Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.

TN No. 92-4 Supersedes TN No. 86-22	Approval Date	2/21/92	Effective Date1/1/92
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Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		OMB No.: 0938-
	State/Territor	y: <u>T</u>	ENNES	SEE
Citation 42 CFR 447	4.18(b)(3) (Co	ntinue	ed)
through 44		(iii)	Medic	the categorically needy and qualified care beneficiaries, <u>ATTACHMENT 4.18-A</u> lfies the:
			(A)	Service(s) for which a charge(s) is applied;
			(B)	Nature of the charge imposed on each service;
			(C)	Amount(s) of and basis for determining the charge(s);
			(D)	Method used to collect the charge(s);
			(E)	Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
	4		(F)	Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
			(G)	Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a specified time period.

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Not applicable. There is no maximum.

OMB No.: 0938-Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 State/Territory: TENNESSEE Citation 1916(c) of 4.18(b)(4) / A monthly premium is imposed on pregnant women and infants who are covered under the Act section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method the State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients. 4.18(b)(5) // For families receiving extended benefits 1902(a)(52) and 1925(b) during a second 6-month period under section 1925 of the Act, a monthly premium of the Act is imposed in accordance with sections 1925(b)(4) and (5) of the Act. 4.18(b)(6) // A monthly premium, set on a sliding scale, 1916(d) of imposed on qualified disabled and working the Act individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. $\underline{\text{ATTACHMENT 4.18-E}}$ specifies the method and standards the State

TN No. 92-4	_	2/21/92	***	
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TN No. 90-13	_and 86-22			

uses for determining the premium.

Revision:		-PM-91- 4 T 1991	(BPD)) OMB No.: 0938-
	State	/Territory	/ :	TENNESSEE
Citation		4.18(c) <u>/</u>		ndividuals are covered as medically needy under he plan.
42 CFR 447 through 44		(1)	. — — — — — — — — — — — — — — — — — — —	An enrollment fee, premium or similar charge is imposed. ATTACHMENT 4.18-B specifies the amount of and liability period for such charges subject to the maximum allowable charges in 42 CFR 447.52(b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, or similar charge.
447.51 thr 447.58	ough	(2)		No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:
			(i	 i) Services to individuals under age 18, or under
				<u>/</u> / Age 20
	-			<u> </u>
				Reasonable categories of individuals who are age 18, but under age 21, to whom charges apply are listed below, if applicable:
IN NO	2-4			2/21/92
Supersedes TN No8	36-22	Approval	Date .	2/21/92 Effective Date 1/1/92
				HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD) AUGUST 1991	OMB No.: 0938-
State/Territory:	TENNESSEE
<u>Citation</u> 4.18 (c)(2) (Co	ontinued)
42 CFR 447.51 (ii) through 447.58	Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.
(iii)	All services furnished to pregnant women.
	Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
(iv)	Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.
(v)	Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).
(vi)	Family planning services and supplies furnished to individuals of childbearing age.
1916 of the Act, (vii) P.L. 99-272 (Section 9505)	Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.
447.51 through (viii) 447.58	Services provided by a health maintenance organization (HMO) to enrolled individuals. XX Not applicable. No such charges are imposed.

TN No. 92-4	2/21/92	. /1 /02	_
Supersedes Approval Date		Effective Date 1/1/92	_
TN No. $86-22$		11071 Th. 50007	

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State/Territory	·:	TENNESSEE
Citation	4.18(c)(3	noi sii noi	less a waiver under 42 CFR 431.55(g) applies, minal deductible, coinsurance, copayment, or milar charges are imposed on services that are t excluded from such charges under item (b)(2) ove.
		, <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	Not applicable. No such charges are imposed.
		(i)	For any service, no more than one type of charge is imposed.
		(ii)	Charges apply to services furnished to the following age group:
			/_/ 18 or older
	Δ		Reasonable categories of individuals who are 18 years of age, but under 21, to whom charges apply are listed below, if applicable.

TN No. 92-4	_	2/21/92		1/1/92
Supersedes TN No. 86-22	Approval Date		Effective Date _	-,-,,,
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Revision:	HCFA-P AUGUST	M-91- 4 1991	(BPD)			OMB	No.:	0938-	
	State/T	erritory	·: _T	ENNESSE	E				
Citation	4	.18(c)(3) (Co	ntinued)					
447.51 thre	rough		(iii)	For the	medical	ly needy, ENT 4.18-0	and of	ther opt	ional e:
			,	(A) S) for which	-		
				` '	Mature of Mervice;	the charg	ge impo	sed on	each
					umount(s) the charg	of and base(s);	sis fo	or deter	mining
				(D) M	lethod us	ed to coll	ect th	ne charg	e(s);
				i a	ndividua and the m	determini l is unableans by what fied to pr	e to p	pay the	charge(s)
	÷			t	he exclu	s for impl sions from in 42 CFR	cost	sharing	`
				d	leductibl harges i	e maximum e, coinsur mposed on time peri	ance, a fami	or copa	yment
					Not ap	plicable.	There	is no	maximum.
Supersedes	2_/ ₄	proval Date	Date _	2/21/	92	Effective	Date	1/1/9	2
TN No.	6-22		•			UCEA ID			